

PA CDHCF Membership Application
2007-2008

Below is an application to join or renew for the next membership year. Please feel free to copy to share with colleagues. Remember to keep track of *when* you joined or renewed membership.

Reasons for joining PA CDHCF:

- Two excellent CEU programs annually at reduced membership cost.
- Free quarterly newsletter.
- Networking opportunities with other state nutrition professionals.
- Increased and consistent contact with the national CDHCF group.
- Annual drawing for free FNCE OR free PADA annual meeting registration.
- Access to the PA CDHCF website Member Area.

****Membership in the national CDHCF group is not required to join.****

Please print clearly.

Name: _____ ADA or CDM# _____

Credentials: _____

Address: _____

Phone: _____ Email: _____

_____ Membership Renewal _____ New Membership

_____ \$10.00 1 year dues (through 6/08)

OR

_____ \$18.00 2 years dues (through 6/09)

_____ Please contact me to help on a committee or help with a meeting

Area(s) of Practice: (ie: Skilled facility, MHMR, Home Health, Corrections etc.)

Please send completed application with money order or check payable to PA CDHCF to :
Ruth Anne McGinley, MS, RD, LDN (717) 728-3174
1118 Turnbridge Lane
Mechanicsburg, PA 17050